Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| Filer Identificati Number : | on 202 | 24C0019 | | | | Repo | | | CAN | DII | DATE | * | ′ [| OMN | MITTEE | Ш | LOB | BYIS | Т | |
|--|--------------------------------|-------------|----------------|----------|-----------|----------|-------------|------|----------|----------------------------------|----------|------|------------|--------|-----------------|----------------|----------|---------------------|-----------|----------|
| Name of Filing C | Committee, Cand | idate or L | obbyis | st: | | COOPE | R, JI | [LL | NIXO | N | | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | State: | | | | | Zi | ip Code | : 15 | 668 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND I PRIMA | | Y PRE- | 2. | 30 I PRI | | | Р | OST- | 3. | | | 1ENDME PORT? | NT | Yes | | No | \ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND I | | Y PRE- | - 5. | 30 I | | Y ION | Р | OST- | 6. | Х | | RMINAT | ION | Yes | | No | \ |
| report type) | ANNUAL REPOR | T 7. | Year | 2024 | | | | | G MET | | | _ | | PA | PER | | \ | DIS | KETTE | |
| Name of Office S | ought by Candid | ate: | | | | | | | DATE | OF ELECTION District Number Code | | | | | | Office Code | Pai | rty Co | de Cou | |
| DEDDESENITATI | VE IN THE GENE | EDAI ACC | EMRI | v | | | | | МО | | DAY | | YEAR | 55 | | STH | REF |) | 65 | |
| KLIKESLNIAII | VE IN THE GEN | - IVAL ASS | PEMBE | | | | | | : | 11 | | 5 | 202 | 4 | | (SEE IN | STRUCTI | RUCTIONS FOR CODES) | | |
| Summary of Expenditures | Receipts and | МО | DA | Y | YEAR | | | | МО | | DAY | | YEAR | | FOR | OFFIC | E USE | ONL | .Υ | |
| | | | 10 | 22 | 20 |)24 | ТО | | | 11 | : | 25 | 202 | 4 | | | | | | |
| A. Amount Bro | ught Forward Fr | om Last R | eport | | | | | \$ | | | | (| (179.15 | 5) | | | | | | |
| B. Total Moneta | ary Contributions | s And Rec | eipts | (From | Sched | lule I) | | \$ | | | | | 0.0 | 0 | | | | | | |
| C. Total Funds | Available (Sum (| Of Lines A | and E | 3) | | | | \$ | | | | (| (179.15 | 5) | | | | | | |
| D. Total Expend | ditures (From Sc | hedule II | I) | | | | | \$ | | | | | 0.0 | 0 | | | | | | |
| E. Ending Cash | Balance (Subtra | ct Line D | From | Line (| C) | | | \$ | | | | (| 179.15 |) | | | | | | |
| F. Value Of In- | Kind Contributio | ns Receiv | ed (Fr | om So | chedule | e II) | | \$ | | | | | 0.00 |) | | | | | | |
| G. Unpaid Debt | s And Obligation | s (From S | Schedu | ıle IV |) | | | \$ | | | | | 0.0 | 0 | | | • | | | |
| | | | | | AFFI | [DAV | IT S | E | CTIO | Ν | | | | | | | | | | |
| PART I - If this is | s a Committee re | port, trea | surer | sign l | nere. I | f this i | is a C | an | didate | re | port, o | can | didate s | sign l | here. | | | | | |
| I swear (or affirm) correct and complete |) that this report, ir ete. | cluding the | e attacl | ned sch | nedules | filed o | n pape | er o | r by ele | ectr | onic m | ediu | ım, are to | o the | best of | my knov | vledge | and b | elief , t | rue |
| Sworn to and subs | cribed before me tl | nis | 20 | | | | | | | | | | Signatu | ire of | Person | Submitt | ing Re | port | | _ |
| | Signa | | _ | | | | _ | | | | | | | | Printe | d Name | 1 | | | _ |
| My Commission Ex | - | uie | | | | | | | | - | | | | | Email | | | | | - |
| | МО | D | AY | | YR | | | | | | Are | ea C | ode | | Daytime | Teleph | one Nu | mber | | |
| Part II- If this is | a report of a ca | ndidate's | autho | rized | Comm | ittee, | Cand | ida | ite sha | all s | sign he | ere. | | | | | | | | |
| I swear (or affirm) No 320) as amende | | my knowl | edge ar | nd belie | ef this p | politica | l com | ımi | ttee ha | s no | ot viola | ted | any prov | isions | s of the | act of Ju | une 3,1 | 937 (| P.L. 133 | 33, |
| Sworn to and subsc | | is | | | | | | | | | | | | Signa | ature of | Candida | ate | | | - |
| | day of —— ———— | | 20 — | | | | _ | | | | | | | | Printed | Name | | | | _ |
| | Signature | | | | | | _ | | | | | | | | | .vanie | | | | _ |
| My Commission Exp | _ | | | | | | | | | • | | | | | Email | | | | | |
| | мо | D | AY | | YR | | _ | | | | Area | Cod | le | | Day | rtime To | elephor | ne Nu | mber | _ |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| , - | | | | |
|--|-----------|-----------|----------------|------------|
| Name of Filing Committee or Candidate | Reporting | g Period | | |
| COOPER, JILL NIXON | From: | 10/22/202 | 2 <u>4</u> To: | 11/25/2024 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting | g Period | (1) | \$ | 0.00 |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) | | | | |
| Contributions Received From Political Committees (Part A) | | | \$ | 0.00 |
| All Other Contributions (Part B) | | | \$ | 0.00 |
| TOTAL for the Reporting | g Period | (2) | \$ | 0.00 |
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | | | | |
| Contributions Received From Political Committees (Part C) | | | \$ | 0.00 |
| All Other Contributions (Part D) | | | \$ | 0.00 |
| TOTAL for the Reporting | J Period | (3) | \$ | 0.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) | | | | |
| TOTAL for the Reporting | g Period | (4) | \$ | 0.00 |
| | • | | | |
| Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa | | | \$ | 0.00 |

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

| Name of Filing Committee or Cand | Reporting Period | | | | | | | |
|-------------------------------------|------------------|-------------------|------|------|------|----|--------|--|
| | | F | rom: | | То | : | | |
| | | · | | DATE | | | AMOUNT | |
| Full Name of Contributing Committee | e | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | \$ | 0.00 | |
| City | State | Zip Code (Plus 4) | | | | | | |

PAGE TOTAL
\$ 0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PART B ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

| | Name of Filing Committee or Candidate | | | | Reporting Period | | | | | | |
|--------------------------|---------------------------------------|-------------------|----|------|------------------|------------|--------|--|--|--|--|
| From: | | | | | Te |) : | | | | | |
| | | 1 | | DATE | | | AMOUNT | | | | |
| Full Name of Contributor | | | мо | DAY | YEAR | | | | | | |
| Mailing Address | | | | | | \$ | 0.0 | | | | |
| City | State | Zip Code (Plus 4) | | | | | | | | | |

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

| Name of Filing Committee or Candidate | ne of Filing Committee or Candidate | | | | Reporting Period | | | | | | | |
|---------------------------------------|-------------------------------------|----------|-------------|------|------------------|------|---------------|------------|--|--|--|--|
| | | | From: | | | То: | | | | | | |
| | | | | DA | TE | | P | AMOUNT | | | | |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | 0.0 | | | | |
| Mailing Address | | | | | | | - \$ | 0.0 | | | | |
| City | State | Zip Cod | e (Plus 4) | | | | | | | | | |
| | | | | | | | | PAGE TOTAL | | | | |
| Enter Grand Total of Part C on Scheo | dule I, Detailed Sun | nmary Pa | age, Sectio | n 3. | | | \$ | 0.00 | | | | |

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

| | | | Repo | orting Pe | riod | | | | |
|------------------|-------------------------|----------------------------|---|--|--|---|--|--|--|
| | | | Fron | n: | | T | То: | | |
| | | | | D | ATE | | | AMOUNT | |
| | | | | мо | DAY | YEAR | \$ | 0.00 | |
| Mailing Address | | | | | | | | | |
| State | Zi | p Code (Plus | s 4) | | | | | | |
| | | | | Occupa | tion | | | | |
| ce of Business | | City | | | State | | Zip | Code (Plus 4) | |
| dule I, Detailed | Sumn | mary Page, | Section | on 3. | | | \$ | PAGE TOTAL 0.00 | |
| | State ce of Business | State Zi ce of Business | State Zip Code (Plus ce of Business City | State Zip Code (Plus 4) ce of Business City | From: MO State Zip Code (Plus 4) Occupa | From: DATE MO DAY State Zip Code (Plus 4) Occupation ce of Business City State | State Zip Code (Plus 4) State Zip Code (Plus 4) Occupation ce of Business City State cdule I, Detailed Summary Page, Section 3. | From: To: DATE MO DAY YEAR State Zip Code (Plus 4) Occupation ce of Business City State Zip | |

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

| Name of Filing Committee of | or Candidate | | Report | ing Peri | od | | | | |
|-----------------------------|---------------------------|---------------|---------|----------|-----|------|--------|------------|--|
| | | | From: | | | To: | | | |
| | | | | D | ATE | | | AMOUNT | |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 | |
| Mailing Address | | | | | | | \neg | | |
| City | State | Zip Code (I | Plus 4) | | | | | | |
| Receipt Description | • | • | | | 1 | • | • | | |
| Futor Coand Total of Bank | Cabadula I Detailed | Commence De | Caatle | | | | | PAGE TOTAL | |
| Enter Grand Total of Part I | e on Schedule I, Detailed | Summary Page, | Section | 4. | | | \$ | 0.00 | |

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting Peri | od | |
|--|----------------|------------------------------|------------|
| COOPER, JILL NIXON | From: | <u>10/22/2024</u> To: | 11/25/2024 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | PER CONTRIBUTO | R | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | T F) | | |
| TOTAL for the Reporting Pe | eriod (2) | \$ | 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Pe | eriod (3) | \$ | 0.00 |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, | • | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate | ame of Filing Committee or Candidate Re | | | | | Reporting Period | | | | | | |
|---------------------------------------|---|----------------------|----------|----------|------|------------------|-----------|------|--|--|--|--|
| | F | | | | | То: | | | | | | |
| | | | | DATE | | | AMOUNT | | | | | |
| Full Name of Contributor | | | МО | DAY | YEAR | | | | | | | |
| Mailing Address | | | | | | 7 \$ | | 0.00 | | | | |
| City | State | Zip Code (Plus 4) | | | | | | | | | | |
| Description of Contribution: | - | - | • | • | • | | | | | | | |
| | | | | | | | | | | | | |
| Enter Grand Total of Part F on Sche | dule II, In-Kind | d Contributions Deta | iled Sum | mary Pag | ge, | | PAGE TOTA | L | | | | |
| Section 2. | | | | | | \$ | | 0.00 | | | | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | Re | portin | ng Pe | eriod | | | | |
|---|------------------|------|------------------|--------|--------|-------|-------------|------|------|-------------|-----------|
| | | | | Fro | m: | | | To: | | | |
| | | | | | | | DATE | | | АМ | IOUNT |
| Full Name of Contributor | | | | | мо | | DAY | YEAR | | | |
| Mailing Address | | | | | | | | | | \$ | 0.00 |
| City | State | | Zip Code(Plus 4) | | | | | | | | |
| Employer of Contributor | | | | | Оссі | upati | ion | | | | |
| Employer Mailing Address/Principal Plac | e of Business | Cit | ty | Stat | e Z | Zip C | ode(Plus 4) | Desc | ript | tion of Con | tribution |
| Enter Grand Total of Part G on Sch | edule II, In-Kir | nd (| Contributions D | etaile | ed | | - | | | PA | GE TOTAL |
| Summary Page, Section 3. | , | | | | | | | 0.0 | | | 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | ame of Filing Committee or Candidate | | | | | | |
|---------------------------------------|--------------------------------------|-------------------|------------|-------------|----------|----|------------|
| | From | | | То: | | | |
| | | | | DATE | | | AMOUNT |
| To Whom Paid | | | | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| Enter Grand Total of Expenditures of | on Bago 1 Bonort C | Cover Page Item [| | | | | PAGE TOTAL |
| Lines Grand Total of Expenditures C | ni rage 1, keport C | over rage, Item L | , . | | | \$ | 0.00 |